

UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

TIMOTHY GRADY, INDIVIDUALLY AND ON
BEHALF OF ALL OTHERS SIMILARLY
SITUATED,

PLAINTIFF

V.
SUN LIFE ASSURANCE COMPANY OF
CANADA, INC., ET AL.

DEFENDANTS.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

FEB - 3 P 12:13
CLERK'S OFFICE
DISTRICT OF MASS.

TO: (Name and address of Defendant)

Person Designated to Accept Service
Sun Life Assurance Company of Canada Inc.
One Sun Life Executive Park
SC 2132
Wellesley Hills, MA 02481

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

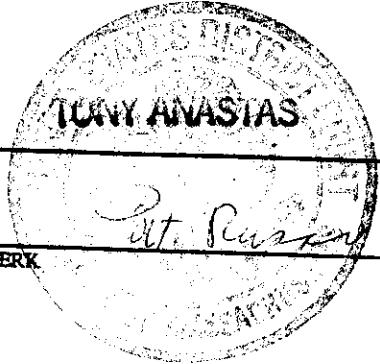
David Pastor
Gilman and Pastor LLP
Stonehill Corporate Center
999 Broadway, Suite 500
Saugus, MA 01906

an answer to the complaint which is served on you with this summons, within 20 days after service
 of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you
 for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the
 Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK



1/13/04

Norfolk County Sheriff's Department 2015 Washington St. • Braintree, MA 02184 • (781) 326-1787



Norfolk, ss.

January 22, 2004

I hereby certify and return that on 1/21/2004 at 09:20 am I served a true and attested copy of the summons and complaint in this action in the following manner: To wit, by delivering in hand to Audrey Evans, , person in charge at the time of service for Sun Life Assurance Company of Canada Inc, at U.S. Benefit Plans Committee, One Sun Life Executive Park, SC 2132 Wellesley Hills, MA 02481. Conveyance (\$4.50), Copies-Attestation (\$5.00), Basic Service Fee (\$30.00), Postage and Handling (\$1.00), Travel (\$38.96) Total Fees (\$49.46)

A handwritten signature in black ink that reads "James Rizzo". Below the signature, the text "Deputy Sheriff" is written in a smaller, printed-style font.

Deputy Sheriff <Serving Deputy>

Returned unexecuted: _____

Other (specify): _____

STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|
|--------|----------|-------|

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____ Signature of Server _____

Address of Server _____